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FERNANDEZ & ASSOCIATES LLP  
PATENT ATTORNEYS

## FACSIMILE TRANSMITTAL SHEET

|               |                                |                                     |                |
|---------------|--------------------------------|-------------------------------------|----------------|
| TO:           | Akiba Robinson-Boyce           | FROM:                               | Monica Ramirez |
| COMPANY:      | U.S. Patent & Trademark Office | DATE:                               | AUG. 2, 2005   |
| FAX NUMBER:   | (703)-746-7238                 | TOTAL NO. OF PAGES INCLUDING COVER: | 8 + 1 cover    |
| PHONE NUMBER: | (571)-272-6734                 | OUR REFERENCE NUMBER:               | (650) 325-4999 |
| RE:           | Office Action Response         | OUR FAX NUMBER:                     | (650) 325-1203 |

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

## NOTES/COMMENTS:

Attorney Docket No.: Fcm-P004  
Application No.: 09/145,167  
Filing Date: 09/01/1998  
Inventor(s): Fernandez, et al.  
Entitled: Adaptive Direct Transmission for Network Client Group

Examiner Robinson-Boyce:

Please find attached an office action response. I would like to set a teleconference with you and Dennis Fernandez regarding this matter. I will contact you shortly in order to schedule this conference at your convenience.

Best regards,

  
Monica Ramirez

Administrative Assistant

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|   |                                |
|---|--------------------------------|
| Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(c)   |                                |
| "PRIORITY MAIL" Mailing Label Number: <u>7005 1160 0005 1644 1528</u>   | Date of Deposit: <u>8/1/05</u> |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "PRIORITY MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Commissioner For Patents, Alexandria, VA 22313-1450. |                                |
| Name: <u>Chris Vo</u>   | <u>Chris Vo</u>                |
| Signature   | Date                           |

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, et al  
 Serial No.: 09/145,167  
 Filed: 9/1/1998

Attorney Docket No. FERN-P004  
 Examiner: Robinson Boyce, A  
 Art Unit: 2765

For: Adaptive Direct Transaction For Network Client Group

Commissioner of Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

### AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 6 pages.
- ☐ b. Substituted Formal Drawings: \_\_\_\_\_ sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check (# \_\_\_\_\_) for \$ \_\_\_\_\_ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of \_\_\_\_\_ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

| <u>Extension of Time</u> | <u>Large Entity Fee</u> | <u>Small Entity Fee</u> |
|--------------------------|-------------------------|-------------------------|
| i. One (1) month .       | _____ \$ 110.00         | _____ \$ 55.00          |
| ii. Two (2) month .      | _____ \$ 430.00         | _____ \$ 215.00         |
| iii. Three (3) month .   | _____ \$ 980.00         | _____ \$ 490.00         |
| iv. Four (4) month .     | _____ \$ 1,530.00       | _____ \$ 765.00         |
| v. Five (5) month .      | _____ \$ 2,080.00       | _____ \$ 1040.00        |

Extension Time Fee Total: \_\_\_\_\_00\_\_\_\_\_

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

DOCKETED  
 DATE 8/1/05  
MH

DOCKETED

**4. FEE CALCULATION:**

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| Fee Items  | Claims Remaining After Amendment | Highest Number of Claims Previously Paid | Present Extra Claims | Fee Rate   | Total  |
|--|----------------------------------|--|----------------------|--|--------|
| a. Total Claims  | 4                                | - 4 =                                    | 0                    | x \$ 18.00 Large Entity<br>x \$ 9.00 Small Entity  | \$ .00 |
| b. Independent Claims  | 4                                | - 4 =                                    | 0                    | x \$ 88.00 Large Entity<br>x \$ 44.00 Small Entity | \$ .00 |
| c. Multiple Dependent Claims Added By This Amendment                             |                                  |  |                      | x 300.00 Large Entity<br>x 150.00 Small Entity     |        |
| d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a. |                                  |  |                      |  | \$ .00 |
| e. Additional Fees Required With This Correspondence                             |                                  |  |                      |  |        |
| i) 1.17 (p) Fee for Information Disclosure under 1.97(c)                         |                                  |  |                      |  | \$ .00 |
| e. Total Fees  |                                  |  |                      |  | \$ .00 |

**5. PAYMENT OF FEES**

The full fee due in connection with this communication is provided as follows:

☐ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.

☐ A Check # \_\_\_\_\_ for \$ \_\_\_\_\_ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

☒ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877**

**FERNANDEZ & ASSOCIATES, LLP**

Patent Attorneys


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Respectfully submitted,

  
 DENNIS S. FERNANDEZ  
 Registration No. 34,160

8/1/05  
 Date

## IN UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Fernandez, *et al.* Attorney Docket No.: FERN-P004  
Serial No.: 09/145,167 Art Unit: 3639  
Filed: 9/1/1998 Examiner: Robinson Boyce, Akiba K.  
Title: Adaptive Direct Transaction For Network Client Group

## AMENDMENT

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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In response to Official Action dated 7/26/2005, please amend this application as follows:

Amendments to Claims begin on page 2.

Remarks begin on page 6.

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